

**BY ORDER OF THE COMMANDER
9TH RECONNAISSANCE WING**

**BEALE AIR FORCE BASE INSTRUCTION
41-209**



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Health Services

**PUBLIC ACCESS DEFIBRILLATION (PAD)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 41-1, Health Care Programs and Resources. This instruction outlines responsibilities and procedures for managing the implementation of the provisions for the “Guidelines for Public Access Defibrillation (PAD) Programs in Federal Facilities.” This publication requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain the records prescribed by this instruction is 10 USC 8013. Each form, format, or form letter prescribed by this publication which requires a Privacy Act Statement (PAS), in accordance with AFI 33-332, Privacy Act Program, must have the PAS incorporated thereon. Collected information is “For Official Use Only.” Requests to release Privacy Act information to persons or agencies outside the DoD must be in accordance with AFI 33-332. This supplement applies to all military and civilian personnel and commanders of employees at Beale AFB who are employed in facilities or buildings at Beale AFB with an Automated External Defibrillator (AED), or who serve as responders to medical emergencies. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functionals’ chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

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SUMMARY OF CHANGES

This instruction adds an organizational box for forwarding of AED coordinator appointment letters and AED coordinated reports. The Medtronic Physio-Control is named as the preferred AED for use. Prohibited AEDs are identified.

1. PURPOSE. This publication provides guidance for the deployment of Automated External Defibrillators (AEDs) within identified and approved facilities or buildings at Beale AFB. The AED is to be used for an emergency response to Sudden Cardiac Arrest (SCA), as a means to decrease premature mortality. This instruction identifies and delineates the lines of responsibility for the PAD Program, maintenance, protocols and documentation requirements.

2. SCOPE. This document describes the roles and responsibilities deemed necessary to ensure the broadest training and application of the AED. The scope of training and use is applicable to all federal employees and active duty personnel at Beale AFB. This document only applies to AEDs procured under the PAD Program, and does not apply to AEDs obtained independently of the 9th Medical Group.

3. ROLES AND RESPONSIBILITIES.

3.1. 9th Reconnaissance Wing Commander.

3.1.1. Has overall responsibility for the PAD program. Ensures each organization has appointed individuals to meet the functional recommendations set forth in this instruction.

3.1.2. Directs the 9th Medical Group Commander (9 MDG/CC) to ensure proper medical objectives and oversight are maintained for the PAD Program.

3.1.3. Provides the necessary resources to ensure total organizational compliance with the PAD program.

3.2. 9th Medical Group Commander.

3.2.1. Assumes responsibility for all *medical* aspects of the PAD program.

3.2.2. Shall appoint in writing a physician Medical Director and a Program Coordinator for the PAD program.

3.3. PAD Program Medical Director.

3.3.1. Directly oversees all medical aspects of the PAD Program and its participants. The Medical Director had direct *medical* oversight over the entire PAD program and its participants.

3.3.2. Shall be a physician proficient in emergency medical services protocols, CPR and the use of AEDs in accordance with California state law.

3.3.3. Shall assess quality assurance, compliance to developed protocols and continuation of proper training.

3.3.4. Approves new AED requests, based on unit size and risk factors

3.3.5. Critically reviews all AED data and actions taken within 5 duty days each time a PAD program AED is used.

3.4. Program Coordinator.

3.4.1. Acts as a liaison between AED site coordinators and Medical Director on matters pertaining to the AED Program.

3.4.2. Makes recommendations to squadron commanders/general site managers for individuals to serve as site AED Coordinators.

3.4.3. Coordinates and conducts site AED and program binder inspections on a semi-annual basis.

3.5. Unit Commander.

3.5.1. The commander of each unit shall appoint in writing an AED Coordinator who will serve as the primary liaison between the local organization's AED program and the Medical Director (9MDG/SGH). A copy of this letter will be forwarded to the 9MDG/SGH@beale.af.mil organization box.

3.6. Site AED Coordinator.

3.6.1. Should be the Facility Manager.

3.6.2. Shall be certified in Basic Life Support (BLS) with AED.

3.6.3. Shall be responsible for serviceability and accountability of all AED's within the facility.

3.6.4. Shall procure repair parts or consumables as needed.

3.6.5. Ensures BLS training of the organization's members via the unit commander's established training policy.

3.6.6. Once an AED has been used in an emergency situation, the AED coordinator/designee will immediately complete the AED Coordinated Report for Medical Director Form (BealeAFB Form 14), and forward it to the Medical Director for review at 9MDG/SGH@beale.af.mil. Medical Director should receive the completed report within 1 duty day of deploying the AED.

3.6.6.1. Utilize Post-Use Procedure (Attachment 2) to ensure the AED is properly restocked, inspected and is ready for use.

3.6.6.2. Consult with the Traumatic Stress Response (TSR) Team Chief to discuss possible debriefings for all individuals involved in providing assistance in an emergency situation IAW AFI 44-153, *Traumatic Stress Response guidance*.

3.6.7. Shall perform periodic function checks/inventories as outlined in para 7 of this instruction.

3.7. Responders.

3.7.1. Responders are individuals within the local organization where the AED is deployed and who will respond to an emergency.

3.7.2. Responders should follow the protocol in an emergency situation as depicted in the "AED Treatment Algorithm" (Attachment 3). AED Treatment Algorithm should be visible to the responder and will be placed next to each AED unit.

4. AED SELECTION.

4.1. The preferred make for Beale AFB is Medtronic Physio-Control. Exceptions may be granted by the Medical Director following consultation with the Medical Equipment Management Office (MEMO) in cases where another model is preferred. There are various companies that offer different types of AEDs, each with a wide range of capabilities as well as price. It is best to use a standard model across the installation to reduce variability. This will facilitate training as well as logistical support/repair/maintenance.

5. AED LOCATION AND INSTALLATION.

5.1. One of the two essential keys to surviving an Sudden Cardiac Arrest (SCA) is early defibrillation. Therefore, AEDs must be strategically placed throughout the organization based upon the time to initial shock of a victim of SCA.

5.1.1. The PAD Site Coordinator will provide guidance to determine the number of AEDs that are necessary as well as their placement within your building.

5.1.2. Factors to consider in determining AED placement include the following:

5.1.2.1. Facility size.

5.1.2.2. Number of employees in the facility.

5.1.2.3. Number of people that may have public access to the facility on a daily basis.

5.1.2.4. Average age of the facility occupants.

5.1.2.5. Incidence of heart disease given the population at hand.

5.1.2.6. Emergency response protocol that may already be in place for your facility, keeping in mind that immediate CPR and rapid application of an AED improve survival rates dramatically.

5.1.3. In order to achieve complete area coverage within a building, an AED should be positioned no more than 1 minute's travel time from any given point within the building.

5.1.4. Optimal response time from the identification of a person down to the *delivery* of a shock (i.e. drop-to-shock) should be 4 minutes or less.

5.1.5. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. These kits should provide items such as gloves, scissors, razor, tape, extra electrodes and a barrier mask.

5.1.6. AEDs should be stored in such a way that an alarm is activated when the unit is removed. The manufacturer, Medtronic Physio-Control, produces a housing unit with this capability, and it is recommended that this item be used to house the AED.

6. AED ACQUISITION.

6.1. AED Site Coordinators will work with their base Medical Equipment Management Office (MEMO), DSN 368-4910, *before* purchasing AEDs to ensure base-wide standardization (AFI 41-209, *Medical Logistics Support*, para 7.28.). Medical Logistics is the only authorized purchasing agent on Beale AFB for AEDs as they are considered prescription-controlled items. Local policy is for AED purchase request for any unit on Beale AFB to be submitted via TIGERS Automated Request Form, with accompanying

justification letter (Attachment 4). Contact MEMO for electronic copy of TIGERS Automated Request Form. PAD Site Coordinators will complete the forms and then coordinate the request through their Squadron Commander prior to submitting to Medical Logistics. The unit owning facility in which the AED is placed will be responsible to fund procurement of AED, consumables, and repair parts as needed.

6.2. AEDs are considered medical devices; therefore, in a PAD program, plans and protocols must be approved by a supervising physician.

6.2.1. All AED purchase requests must be reviewed and approved by the Medical Director. Once the Medical Director has approved the request and placement location of the AED, this becomes the authorizing prescription for procurement of the device(s).

6.2.2. Prohibited AEDs.

6.2.2.1. The procurement of AEDs by medical units (9 MDG, 940th Aerospace Medical Squadron) or for use by Emergency Medical Technicians in the Beale Fire Emergency Services flight (9 CES/CEF) under physician control for their own use in responding to emergencies is beyond the scope of this instruction. All other base organizations are prohibited from procuring AEDs outside of the PAD program. AEDs which are not under medical supervision represent a liability to the base and the Air Force. Any organization currently in possession of a non-PAD program AED must immediately remove it. Organizations formerly in possession of prohibited AEDs are encouraged to apply for an AED through the PAD program.

6.2.3. The Beale Fire Emergency Services (BFES) flight AEDs.

6.2.3.1. The BFES flight will create a standard operating procedure for AEDs and engage the 9 MDG for procurement, maintenance of units, and review of defibrillator data records as necessary. Following any use of a non-PAD program AED, the BFES flight will have the AED's data downloaded by Medical Maintenance and reviewed by the PAD program Medical Director for quality assurance.

6.2.3.2. If the BFES flight wishes to place defibrillators in staff or public areas, not solely for emergency responses, this instruction applies, and such a defibrillator would require procurement within the PAD program.

6.2.4. PAD Program AEDs placed by Medical Units.

6.2.4.1. Medical Units (9 MDG, 940th Aerospace Medical Flight) should utilize the PAD program if wishing to place AEDs in staff or public areas for use by individuals other than independently privileged medical providers or paramedics.

7. MAINTENANCE.

7.1. Maintenance of PAD devices is a joint responsibility of PAD AED Site Coordinators and the 9 MDG/SGSME (MEMO).

7.2. AED Site Coordinators.

7.2.1. Shall ensure that a monthly inspection of each AED and its housing/environment is regularly accomplished and documented. Even if the manufacturer dictates less frequent inspections, site coordinators must inspect units at least monthly and document their findings. Use Beale AFB IMT 15 Automatic External Defibrillator Monthly

Checklist (BEALEAFB Form 15). These inspection records must be maintained for the life of the equipment and until the device is turned in for disposition. Medical Maintenance (DSN 368-4910), will examine these records regularly during periodic maintenance visits to each AED site.

7.2.2. Shall bring the device, if not functioning properly to Medical Maintenance to be assessed.

7.2.3. Shall work within established inventory procedures to ensure that all devices can be accounted for on an annual basis.

7.3. Biomedical Equipment (9 MDSS/SGSME).

7.3.1. Shall generate a Historical Maintenance Record (HMR) for each AED present on Beale AFB within the PAD program and complete required documentation and registration of the device in accordance with the Safe Medical Devices Act. This HMR must be maintained by law until final disposition of the device.

7.3.2. Shall be responsible for any maintenance beyond the Site Coordinator's routine upkeep of the unit covered in the AED's owner's manual.

7.3.3. Shall respond after actual events to download event data from the employed PAD AED and give said data to the Medical Director, or his/her designee.

7.3.4. Shall serve as the point of contact for AED Site Coordinators and the manufacturer representatives concerning any problems with PAD AEDs, (to include device alerts and recalls from the manufacturer or other authorized agents).

8. QUALITY ASSURANCE.

8.1. The Medical Director or designee will review all event summary sheets to assess quality of care. The summary sheets shall be maintained indefinitely in the office of the Director of Quality Services at the 9 MDG.

8.2. Events will be presented to the Executive Committee of the Medical Staff at the 9 MDG by the Medical Director or designee.

PHIL A. STEWART, Colonel, USAF
Commander, 9th Reconnaissance Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Department of Health and Human Services (DHHS), *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, 18 January 2001

Public Law 106-505, Public Health Improvement Act of 2000, Title IV, Subtitle A, Cardiac Arrest Survival Act; (H.R. 2498), 23 May 2000

Public Law 106-129, 42 U.S.C. 241, Healthcare Research and Quality Act of 1999, Section 7, 6 December 1999

Marenco J., Wang P., et al: *Improving Survival from Sudden Cardiac Arrest; The Role of the Automated External Defibrillator*. JAMA, pp. 1193 – 1200, 7 March 2001

Heartsaver AED Manual, American Heart Association, 2010.

AFI 41-209, *Me senatorial dical Logistics Support*, 30 July 2009

AFI 44-102, *Medical Care Management*, 20 January 2012

AFI 44-153, *Traumatic Stress Response*, 29 August 2011

2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: Circulation. Volume 112, Issue 24 Supplement, 13 December 2005.

Prescribed Forms

BEALEAFB14, AED Coordinated Report for Medical Director

BEALEAFB15, Automatic External Defibrillator Monthly Checklist

Adopted Forms

TIGERS Automated Request Form, 27 November 2011

AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms

AED—Automated External Defibrillator

AHA—American Heart Association

BLS—Basic Life Support

BMET—Biomedical Equipment Technician

CAB—Circulation, Airway, and Breathing

CPR—Cardio-Pulmonary Resuscitation

DOD—Department of Defense

EMS—Emergency Medical Services

EMT—Emergency Medical Technician

MEMO—Medical Equipment Management Office

OPR—Office of Primary Responsibility

SCA—Sudden Cardiac Arrest

Terms

Public—For the purpose of this document, “public” shall mean those areas open to the general base population. Specifically, this document addresses *public* areas in which there is an increased chance of encountering individuals suffering SCA.

Cardio—Pulmonary Resuscitation (CPR). The act of providing respiratory ventilation and heart (cardiac) compression by an external source. This most commonly is provided to an individual whom is without both spontaneous respiration and heartbeat, and is provided by someone capable of performing the required mechanical action. Along with early defibrillation, early initiation of CPR is key to survival in SCA.

Basic Life Support (BLS).—A training program that teaches basic CPR techniques as well as AED use.

Automated External Defibrillator (AED).—Commercially distributed in accordance with the Federal Food, Drug and Cosmetic Act. Capable of recognizing the presence or absence of ventricular fibrillation or ventricular tachycardia, and is capable of determining, without intervention by the user of the device, whether defibrillation should be performed. Able to deliver an electrical shock to an individual upon determining that defibrillation should be performed.

Public Access Defibrillators.—AEDs are strategically placed as part of the base plan and in accordance with relevant Federal, Air Force and Beale AFB guidance. The 9 MDG will monitor, maintain, inspect and coordinate, as appropriate, with third party service vendors for repairs or inspection of PAD AEDs. However, any and all expenses incurred for repair, replacement of parts or consumables will be the sole responsibility of the owning/using unit.

Ventricular Fibrillation.—An abnormal cardiac rhythm whereby the heart produces no purposeful contractions. It is incompatible with life if not immediately treated (hereafter referred to as SCA).

Pulseless Ventricular Tachycardia.—Another abnormal cardiac rhythm whereby the heart produces inadequate circulation. It is incompatible with life if not immediately treated (hereafter referred to as SCA).

Defibrillation.—The application of an electric shock, via a defibrillator, directly through a person’s chest.

Sudden Cardiac Arrest (SCA).—The term used to describe an abrupt cessation of normal cardiac function that typically results from ventricular fibrillation or pulseless ventricular tachycardia with rapid progression to death if not immediately treated.

Emergency Medical Services.—The term used to describe the rapid response team of medically trained personnel to provide emergency medical assistance as necessary.

Perceived Medical Emergency. When circumstances exist whereby the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life—threatening condition that requires an immediate medical response.

Federal Building.—A building or portion of a building leased or rented by a federal agency, which includes buildings on military installations of the United States.

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Harm. For purposes of this document, this term may include physical, non—physical, economic and non-economic losses.

Attachment 2**POST-USE PROCEDURE**

A2.1. In the event the AED is used, the PAD Site Coordinator will ensure the AED with associated supply packaging is delivered to Medical Maintenance.

A2.2. Medical Maintenance will provide historical maintenance and a completed current performance inspection procedure to the Medical Director.

A2.3. If available, a loaner AED will be provided for the facility while the Site Coordinator ensures the following are accomplished with the used AED

A2.3.1. Replace any used electrode pads, batteries, razor or gloves.

A2.3.2. Inspect unused supplies for any damage and/or expiration dates

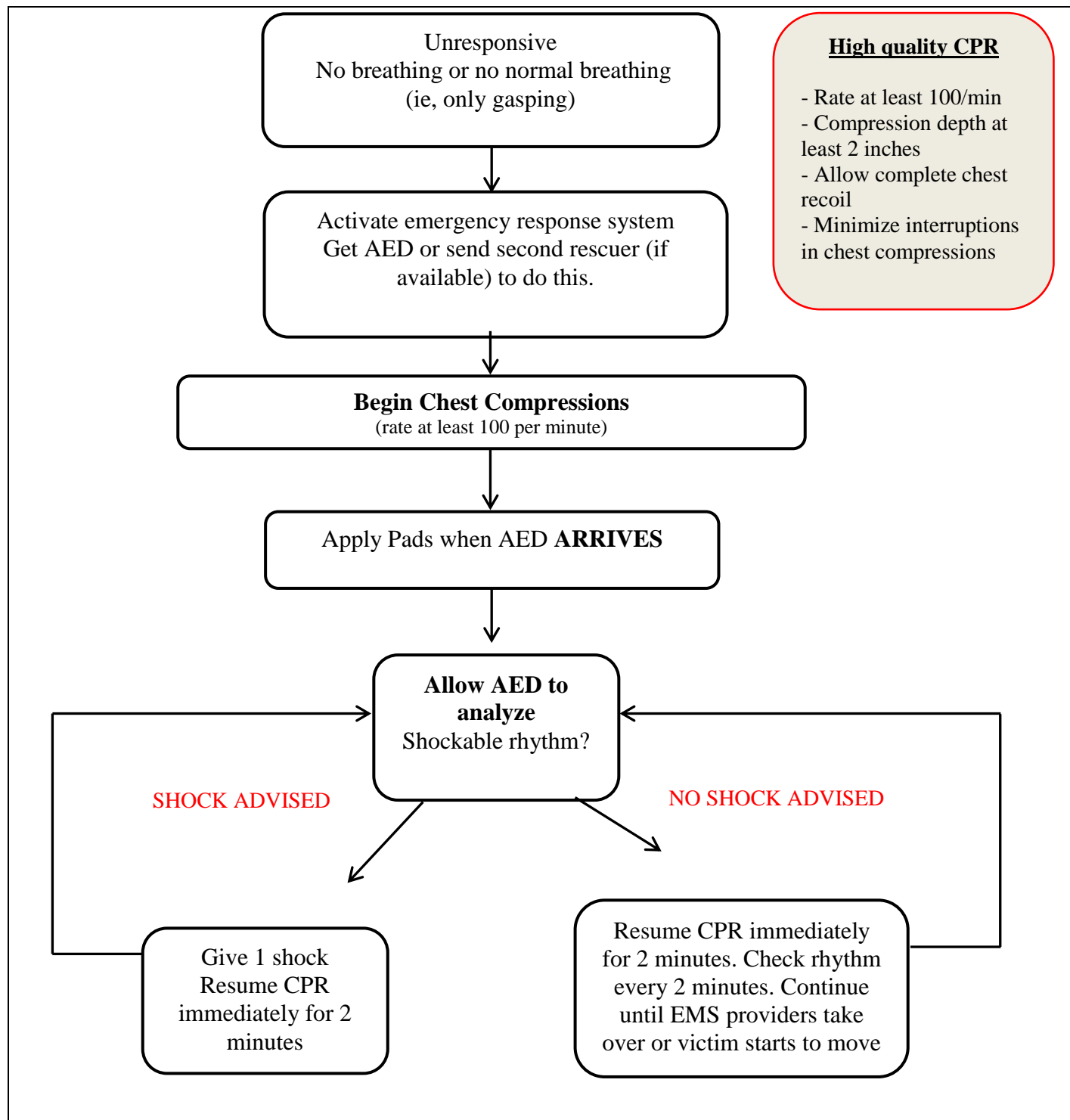
A2.3.3. Ensure all supplies and accessories are present and in operating condition

A2.4. An AED inspection must be accomplished by the PAD Program Coordinator prior to the AED being placed back in service.

Attachment 3

AED TREATMENT ALGORITHM

Figure A3.1 AED Treatment Algorithm.



Attachment 4

SAMPLE PAD REQUEST/AUTHORIZATION LETTER

Figure A4.1. Sample PAD Request/Authorization Letter.

	DATE
MEMORANDUM FOR 9 MDSS/SGSL (MEMO)	
FROM: 9 XX/XXXX (MSgt Safeman)	
SUBJECT: Public Access Defibrillator Authorization Request	
<p>1. The 9 XX Squadron is requesting an AED in accordance with the BAFBI 41-209. We typically have 100 to 200 members of the public guided through our section on tours and visitations every week.</p> <p>2. Our RC/CC is 505XXX and we have sufficient funds for purchase.</p>	
	IAM A. SAFEMAN, MSgt, USAF NCOIC, 9 XX/XXXX
Approve/Disapprove	
	D.R. HIPPOCRATES, Col, USAF 9 MDG/SGH